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IMPORTANT NOTICE

TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Not yet assigned
Art Unit: 2655

DATE: September 17, 2004

FROM: Dariusz G. Adli

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 36

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MESSAGE:

Patent Application No.: 10/628,782; Our Ref. 81940.0052

I hereby certify that the following documents:

- ☒ Amendment Transmittal Letter
- ☒ Preliminary Amendment
- ☒ Petition to Make Special Under MPEP § 708.2. VIII
- ☒ Information Disclosure Statement (w/ 2 Abstracts for Japanese Patent Nos. JP 4336340 and JP 2001306265)

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

September 17, 2004
Date of Deposit

Rhonda Hurt
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TELECOPY/FAX NUMBER: 703-872-9306 ART UNIT 2655

CLIENT NUMBER: 81940.0052

ATTORNEY BILLING NUMBER: 5214

CONFIRMATION NUMBER: (return fax to Rhonda Hurt-10th Floor)

ALA - 81940/0052 - 215868 v1

missing 4 pages

FORM PTO-1083

Patent Application No. 10/628,782
Attorney Docket No. 81940.0052

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Selji KANEKO, et al.

Serial No: 10/628,782

Confirmation No.: 5210

Filed: July 28, 2003

For: DISK ARRAY DEVICE, METHOD FOR
CONTROLLING THE DISK ARRAY DEVICE AND
STORAGE SYSTEM

Art Unit: 2655

Examiner: Not yet assigned

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Signature Date

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Commissioner for Patents

P.O. Box 1450

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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Petition to Make Special
☒ Information Disclosure Statement
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	23	-	24	0	LG=\$18 SM=\$9	\$0 \$ 0
INDEPENDENT CLAIMS FEE	4	-	4	0	LG=\$86 SM=\$43	\$0 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$ 0
Independent Claims:	1, 10, 16, 24				TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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- ☐ Please charge the fee of \$___ for the ___ extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

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Date: September 17, 2004

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